

This Page Is Inserted by IFW Operations
and is not a part of the Official Record

BEST AVAILABLE IMAGES

Defective images within this document are accurate representations of the original documents submitted by the applicant.

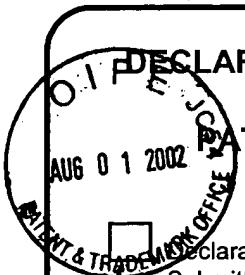
Defects in the images may include (but are not limited to):

- BLACK BORDERS
- TEXT CUT OFF AT TOP, BOTTOM OR SIDES
- FADED TEXT
- ILLEGIBLE TEXT
- SKEWED/SLANTED IMAGES
- COLORED PHOTOS
- BLACK OR VERY BLACK AND WHITE DARK PHOTOS
- GRAY SCALE DOCUMENTS

IMAGES ARE BEST AVAILABLE COPY.

**As rescanning documents *will not* correct images,
please do not report the images to the
Image Problem Mailbox.**

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.



DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)

~~Initial~~
Declaration
Submitted
with Initial
Filing

OR

Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number	4-31704A
First Named Inventor	Cheng Cheng
COMPLETE IF KNOWN	
Application Number	10/081,969
Filing Date	02/22/2002
Art Unit	
Examiner Name	

As the below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

NOVEL ONCOLYTIC ADENOVIRAL VECTORS

(Title of the Invention)

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY)

02/22/2002

as United States Application Number or PCT International

6

Application Number 10/081,969 and was amended on (MM/DD/1111) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

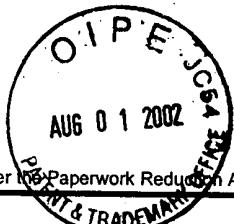
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/>		Customer Number or Bar Code Label	001095	OR <input type="checkbox"/> Correspondence address below
Name				
Address				
City		State	ZIP	
Country		Telephone	Fax	
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>				
NAME OF SOLE OR FIRST INVENTOR :		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Cheng Family Name or Surname		
Inventor's Signature		July 3, 2002 Date		
Rockville		MD	US	China
Residence: City		State	Country	Citizenship
12004 Montrose Village Terrace				
Mailing Address				
Rockville City		MD State	20852 ZIP	US Country
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Clarke Family Name or Surname		
Inventor's Signature		July 2, 2002 Date		
Olney		MD	US	US
Residence: City		State	Country	Citizenship
17608 Stafford Court				
Mailing Address				
Olney City		MD State	21754 ZIP	US Country
<input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.				

Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 5

Name of Additional Joint Inventor, if any:

 A petition has been filed for this unsigned inventor

Sheila

Given Name

Connelly

Family Name or Surname

Inventor's Signature

Sheila Connelly

Date

15-July-02

Ijamsville

MD

US

US

Residence: City

State

Country

Citizenship

11012 Graymarsh Place

Mailing Address

Mailing Address

Ijamsville

MD
State21754
ZIPUS
Country

Name of Additional Joint Inventor, if any:

 A petition has been filed for this unsigned inventor

David Leonard

Given Name

Ennist

Family Name or Surname

Inventor's Signature

David ZD

Date

9-July-2002

Bethesda

MD

US

US

Residence: City

State

Country

Citizenship

9715 DePaul Drive

Mailing Address

Mailing Address

Bethesda

MD

20817

US

City

State

ZIP

Country

Name of Additional Joint Inventor, if any:

 A petition has been filed for this unsigned inventor

Suzanne

Given Name

Forry-Schaudies

Family Name or Surname

Inventor's Signature

Suzanne Forry - Schaudies

Date

9-July-02

Rockville

MD

US

US

Residence: City

State

Country

Citizenship

14801 Marlin Terrace

Mailing Address

Mailing Address

Rockville

MD
State20853
ZIPUS
Country

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

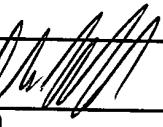
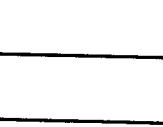
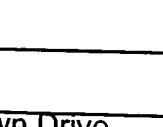
ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 2 of 5

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Mario <i>Mario J. Gorziglia</i> Given Name		Gorziglia Family Name or Surname	
Inventor's Signature		Date <i>July 19, 2002</i>	
Doylestown Residence: City	PA State	US Country	Venezuela Citizenship <i>AMERICAN VS</i>
92 Abbey Circle 5126 Harmony Court South #6 Mailing Address			
Mailing Address			
Doylestown City		PA State	18901 ZIP
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Paul L. <i>Paul L. Hallenbeck</i> Given Name		Hallenbeck Family Name or Surname	
Inventor's Signature		Date <i>July 15, 2002</i>	
Gaithersburg Residence: City	MD State	US Country	US Citizenship
7461 Rosewood Manor Lane Mailing Address			
Mailing Address			
Gaithersburg City		MD State	20882 ZIP
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Carl M. <i>Carl M. Hay</i> Given Name		Hay Family Name or Surname	
Inventor's Signature		Date <i>7-3-02</i>	
Damascus Residence: City	MD State	US Country	US Citizenship
28301 Honeysuckle Drive Mailing Address			
Mailing Address			
Damascus City		MD State	20872 ZIP

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 3 of 5

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
John Leonard Given Name 		Jakubczak Family Name or Surname	
Inventor's Signature		July 3, 2002 Date	
Germantown Residence: City	MD State	US Country	US Citizenship
12926 Summit Ridge Terrace Mailing Address			
Mailing Address			
Germantown City	MD State	20874 ZIP	US Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Michael Given Name 		Kaleko Family Name or Surname	
Inventor's Signature		Date	
Rockville Residence: City	MD State	US Country	US Citizenship
8 Hearthstone Court Mailing Address			
Mailing Address			
Rockville City	MD State	20854 ZIP	US Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Sandrina Given Name 		Phipps Family Name or Surname	
Inventor's Signature		Date	
Reston Residence: City	VA State	US Country	US Citizenship
2319 Rosedown Drive Mailing Address			
Mailing Address			
Reston City	VA State	20191 ZIP	US Country

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 3 of 5

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
John Leonard Given Name		Jakubczak Family Name or Surname	
Inventor's Signature			
Germantown Residence: City	MD State	US Country	Date US Citizenship
12926 Summit Ridge Terrace Mailing Address			
Mailing Address			
Germantown City	MD State	20874 ZIP	US Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Michael Given Name		Kaleko Family Name or Surname	
Inventor's Signature		Date July 2, 2002	
ROCKVILLE Residence: City	MD State	US Country	US Citizenship
8 Hearthstone Court Mailing Address			
Mailing Address			
Rockville City	MD State	20854 ZIP	US Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Sandrina Given Name		Phipps Family Name or Surname	
Inventor's Signature		Date July 2, 2002	
Reston Residence: City	VA State	US Country	US Citizenship
2319 Rosedown Drive Mailing Address			
Mailing Address			
Reston City	VA State	20191 ZIP	US Country

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 4 of 5

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Seshidhar Reddy Given Name		Police Family Name or Surname	
Inventor's Signature Gaithersburg Residence: City 722 Clopper Road		9 July, 02 Date Canada Citizenship	
Mailing Address Apartment 11			
Mailing Address Gaithersburg City		MD State	20578 ZIP
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Patricia Clare Given Name		Ryan Family Name or Surname	
Inventor's Signature Montgomery Village Residence: City 10637 Seneca Spring Way		July 3, 2002 Date US Citizenship	
Mailing Address			
Mailing Address Montgomery Village City		MD State	20886 ZIP
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
David A. Given Name		Stewart Family Name or Surname	
Inventor's Signature Eldersburg Residence: City 6023 Kennard Court		July 3, 2002 Date US Citizenship	
Mailing Address			
Mailing Address Eldersburg City		MD State	21784 ZIP

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 5 of 5

Name of Additional Joint Inventor, if any:

 A petition has been filed for this unsigned inventor

Yuefeng

Given Name

Xie

Family Name or Surname

Inventor's Signature

Germantown

MD

US

Date

July 1, 2002

Residence: City

State

Country

China

13921 Rockingham Road

Mailing Address

Mailing Address

Germantown

MD
State20874
ZIPChina
Country

Name of Additional Joint Inventor, if any:

 A petition has been filed for this unsigned inventor

Given Name

Family Name or Surname

Inventor's Signature

Date

Residence: City

State

Country

Citizenship

Mailing Address

Mailing Address

City

State

ZIP

Country

Name of Additional Joint Inventor, if any:

 A petition has been filed for this unsigned inventor

Given Name

Family Name or Surname

Inventor's Signature

Date

Residence: City

State

Country

Citizenship

Mailing Address

Mailing Address

City

State

ZIP

Country

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



Please type a plus sign (+) inside this box →

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	10/081,969
Filing Date	02/22/2002
First Named Inventor	Lori Clarke
Title	Novel Oncolytic Adenoviral Vectors
Group Art Unit	
Examiner Name	
Attorney Docket Number	4-31704A

I hereby appoint:

Practitioners at Customer Number
OR
 Practitioner(s) named below:

001095

Place Customer
Number Bar Code
Label here

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

The above-mentioned Customer Number.
OR
 Practitioners at Customer Number

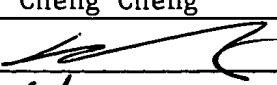
Place Customer
Number Bar Code
Label here

<input type="checkbox"/> Firm or Individual Name			
Address			
Address			
City	State	Zip	
Country			
Telephone	Fax		

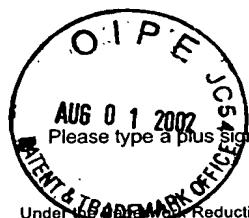
I am the:

Applicant/Inventor.
 Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee or Record

Name	Cheng Cheng
Signature	
Date	July 3, 2002

NOTE: Complete all the sections of this form if the attorney, agent, or record is other than the individual signing this document.



AUG 01 2002

Please type a plus sign (+) inside this box

X

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	10/081,969
Filing Date	02/22/2002
First Named Inventor	Lori Clarke
Title	Novel Oncolytic Adenoviral Vectors
Group Art Unit	
Examiner Name	
Attorney Docket Number	4-31704A

I hereby appoint:

 Practitioners at Customer Number

001095

Place Customer
Number Bar Code
Label here

OR

 Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

 The above-mentioned Customer Number.

OR

 Practitioners at Customer Number

001095

Place Customer
Number Bar Code
Label here

OR

 Firm or
Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name Lori Clarke

Signature

Date

May 3, 2002

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

 *Total of 14 15 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



Please type a plus sign (+) inside this box →

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	10/081,969
Filing Date	02/22/2002
First Named Inventor	Lori Clarke
Title	Novel Oncolytic Adenoviral Vectors
Group Art Unit	
Examiner Name	
Attorney Docket Number	4-31704A

I hereby appoint:

Practitioners at Customer Number

001095

Place Customer
Number Bar Code
Label here

OR

Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

The above-mentioned Customer Number.

OR

Practitioners at Customer Number

Place Customer
Number Bar Code
Label here

OR

Firm or
Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Sheila Connely
Signature	<i>Sheila Connely</i>
Date	May 2, 2002

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

Total of 14 15 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



Please type a plus sign (+) inside this box

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	10/081,969
Filing Date	02/22/2002
First Named Inventor	Lori Clarke
Title	Novel Oncolytic Adenoviral Vectors
Group Art Unit	
Examiner Name	
Attorney Docket Number	4-31704A

I hereby appoint:

Practitioners at Customer Number

001095

Place Customer
Number Bar Code
Label here

OR

Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

The above-mentioned Customer Number.

OR

Practitioners at Customer Number

Place Customer
Number Bar Code
Label here

OR

Firm or
Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name Suzanne Forry-Schaudies

Signature

Suzanne Forry-Schaudies

Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

*Total of 14/15 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



Please check a plus sign (+) inside this box →

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	10/081,969
Filing Date	02/22/2002
First Named Inventor	Lori Clarke
Title	Novel Oncolytic Adenoviral Vectors
Group Art Unit	
Examiner Name	
Attorney Docket Number	4-31704A

I hereby appoint:

 Practitioners at Customer Number

001095

Place Customer Number Bar Code Label here

OR

 Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

 The above-mentioned Customer Number.

OR

 Practitioners at Customer Number

Place Customer Number Bar Code Label here

OR

<input type="checkbox"/> Firm or Individual Name	
--	--

Address	
---------	--

Address	
---------	--

City		State		Zip
------	--	-------	--	-----

Country	
---------	--

Telephone		Fax
-----------	--	-----

I am the:

 Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Mario Gorziglia
Signature	
Date	8/14/02

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

Total of 1415 forms are submitted.



Please place a plus sign (+) inside this box

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

**POWER OF ATTORNEY OR
AUTHORIZATION OF AGENT**

Application Number	10/081,969
Filing Date	02/22/2002
First Named Inventor	Lori Clarke
Title	Novel Oncolytic Adenoviral Vectors
Group Art Unit	
Examiner Name	
Attorney Docket Number	4-31704A

I hereby appoint:

 Practitioners at Customer Number

001095

Place Customer
Number Bar Code
Label here

OR

 Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

 The above-mentioned Customer Number.

OR

 Practitioners at Customer Number

Place Customer
Number Bar Code
Label here

OR

 Firm or
Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).**SIGNATURE of Applicant or Assignee of Record**

Name

Paul L. Hallenbeck

Signature

Date

May 14, 2002

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

 *Total of 14 15 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



Please type or print in this box



PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	10/081,969
Filing Date	02/22/2002
First Named Inventor	Lori Clarke
Title	Novel Oncolytic Adenoviral Vectors
Group Art Unit	
Examiner Name	
Attorney Docket Number	4-31704A

I hereby appoint:

Practitioners at Customer Number

001095

Place Customer Number Bar Code Label here

OR

Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

The above-mentioned Customer Number.

OR

Practitioners at Customer Number

Place Customer Number Bar Code Label here

OR

Firm or Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name Carl M. Hay

Signature

Date

5/9/02

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

*Total of 14 15 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



20006219653 - 08031002

Please type a plus sign (+) inside this box →

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR
AUTHORIZATION OF AGENT

Application Number	10/081,969
Filing Date	02/22/2002
First Named Inventor	Lori Clarke
Title	Novel Oncolytic Adenoviral Vectors
Group Art Unit	
Examiner Name	
Attorney Docket Number	4-31704A

I hereby appoint:

 Practitioners at Customer Number

001095

Place Customer
Number Bar Code
Label here

OR

 Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

 The above-mentioned Customer Number.

OR

 Practitioners at Customer Number

001095

Place Customer
Number Bar Code
Label here

OR

 Firm or
Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Michael Kaleko
Signature	
Date	May 8, 2002

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

 *Total of 14/15 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



Please type a plus sign (+) inside this box →

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	10/081,969
Filing Date	02/22/2002
First Named Inventor	Lori Clarke
Title	Novel Oncolytic Adenoviral Vectors
Group Art Unit	
Examiner Name	
Attorney Docket Number	4-31704A

I hereby appoint:

Practitioners at Customer Number

001095

Place Customer
Number Bar Code
Label here

OR

Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

The above-mentioned Customer Number.

OR

Practitioners at Customer Number

Place Customer
Number Bar Code
Label here

OR

Firm or
Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name Sandrina Phipps

Signature Sandrina Phipps

Date May 3, 2002

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

*Total of 14 15 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



Please type a plus sign (+) inside this box



200081969 - 0810302

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	10/081,969
Filing Date	02/22/2002
First Named Inventor	Lori Clarke
Title	Novel Oncolytic Adenoviral Vectors
Group Art Unit	
Examiner Name	
Attorney Docket Number	4-31704A

I hereby appoint:

Practitioners at Customer Number

001095

Place Customer Number Bar Code Label here

OR

Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

The above-mentioned Customer Number.

OR

Practitioners at Customer Number

Place Customer Number Bar Code Label here

OR

Firm or Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name Seshidhar Reddy Police

Signature *P. Seshidhar Reddy*

Date 9 May 02

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

*Total of 14/15 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



Please type a plus sign (+) inside this box →

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	10/081,969
Filing Date	02/22/2002
First Named Inventor	Lori Clarke
Title	Novel Oncolytic Adenoviral Vectors
Group Art Unit	
Examiner Name	
Attorney Docket Number	4-31704A

I hereby appoint:

Practitioners at Customer Number

001095

Place Customer Number Bar Code Label here

OR

Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

The above-mentioned Customer Number.

OR

Practitioners at Customer Number

Place Customer Number Bar Code Label here

OR

Firm or Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name Patricia Clare Ryan

Signature

Patricia Clare Ryan

Date

May 30, 2002

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

*Total of 14/15 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



Please type a plus sign (+) inside this box

2000020109694 002002002

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	10/081,969
Filing Date	02/22/2002
First Named Inventor	Lori Clarke
Title	Novel Oncolytic Adenoviral Vectors
Group Art Unit	
Examiner Name	
Attorney Docket Number	4-31704A

I hereby appoint:

Practitioners at Customer Number

001095

Place Customer Number Bar Code Label here

OR

Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

The above-mentioned Customer Number.

OR

Practitioners at Customer Number

Place Customer Number Bar Code Label here

OR

Firm or Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name David A. Stewart

Signature David A. Stewart

Date May 3, 2002

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

*Total of 14 15 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



Please type a plus sign (+) inside this box

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	10/081,969
Filing Date	02/22/2002
First Named Inventor	Lori Clarke
Title	Novel Oncolytic Adenoviral Vectors
Group Art Unit	
Examiner Name	
Attorney Docket Number	4-31704A

I hereby appoint:

Practitioners at Customer Number

001095

Place Customer
Number Bar Code
Label here

OR

Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

The above-mentioned Customer Number.

OR

Practitioners at Customer Number

Place Customer
Number Bar Code
Label here

OR

Firm or
Individual Name

Address

Address

City

State

Zip

Country

Telephone

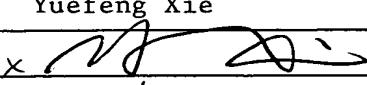
Fax

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Yuefeng Xie
Signature	
Date	July 1, 2002

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

*Total of 14 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.